

SENATE BILL 209

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SB 206/02 - FIN

2003 Regular Session
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CF 3r2390

By: **Senators Hogan and Hollinger**
Introduced and read first time: January 29, 2003
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 18, 2003

CHAPTER _____

1 AN ACT concerning

2 **Maryland Medical Assistance Program - Reimbursement for Outpatient**
3 **Mental Health Treatment - Dual Eligibility**

4 FOR the purpose of requiring the Maryland Medical Assistance Program to reimburse
5 certain providers of outpatient mental health treatment a certain amount of the
6 Program fee for certain individuals; defining certain terms; requiring the
7 Department of Health and Mental Hygiene to submit a report demonstrating
8 that certain funds have been used for the purpose of funding this Act; and
9 generally relating to a certain Program reimbursement amount to certain
10 providers for certain mental health treatment for certain individuals.

11 BY repealing and reenacting, without amendments,
12 Article - Health - General
13 Section 15-101(a) and (i)
14 Annotated Code of Maryland
15 (2000 Replacement Volume and 2002 Supplement)

16 BY repealing and reenacting, with amendments,
17 Article - Health - General
18 Section 15-105
19 Annotated Code of Maryland
20 (2000 Replacement Volume and 2002 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
22 MARYLAND, That the Laws of Maryland read as follows:

1 **Article - Health - General**

2 15-101.

3 (a) In this title the following words have the meanings indicated.

4 (i) "Program" means the Maryland Medical Assistance Program.

5 15-105.

6 (a) IN THIS SECTION, "DUAL ELIGIBILITY" MEANS SIMULTANEOUS
7 ELIGIBILITY FOR HEALTH INSURANCE COVERAGE UNDER BOTH THE PROGRAM AND
8 MEDICARE; AND FOR WHICH THE DEPARTMENT MAY OBTAIN FEDERAL MATCHING
9 FUNDS.

10 (B) The Department shall adopt rules and regulations for the reimbursement
11 of providers under the Program. However, except for an invoice that must be
12 submitted to a Medicare intermediary or Medicare carrier for an individual [who may
13 have both Medicare and Medicaid coverage] WITH DUAL ELIGIBILITY, payment may
14 not be made for an invoice that is received more than 1 year after the dates of the
15 services given.

16 [(b)] (C) A provider who fails to submit an invoice within the required time
17 may not recover the amount later from the Program recipient.

18 [(c)] (D) (1) The Department shall adopt regulations for the reimbursement
19 of specialty outpatient treatment and diagnostic services rendered to Program
20 recipients at a freestanding clinic owned and operated by a hospital that is under a
21 capitation agreement approved by the Health Services Cost Review Commission.

22 (2) (i) Except as provided in subparagraph (ii) of this paragraph, the
23 reimbursement rate under paragraph (1) of this subsection shall be set according to
24 Medicare standards and principles for retrospective cost reimbursement as described
25 in 42 CFR Part 413 or on the basis of charges, whichever is less.

26 (ii) The reimbursement rate for a hospital that has transferred
27 outpatient oncology, diagnostic, rehabilitative, and digestive disease services to an
28 off-site facility prior to January 1, 1999 shall be set according to the rates approved
29 by the Health Services Cost Review Commission if:

30 1. The transfer of services was due to zoning restrictions at
31 the hospital campus;

32 2. The off-site facility is surveyed as part of the hospital for
33 purposes of accreditation by the Joint Commission on the Accreditation of Health
34 Care Organizations; and

